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Bib Data Sheet

CONFIRMATION NO. 9833

SERIAL NUMBER 10/686,644	FILING DATE 10/17/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 15490-7US SC/ip
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** CONTINUING DATA ***** *NONE*
FHD

** FOREIGN APPLICATIONS ***** *NONE*
FHD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/05/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>FHD</i> Examiner's Signature	Initials			

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TITLE

Dynamic frame for prone surgical positioning

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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